2005 LIMITED LIABILITY COMPANY

ANNUAL REPORT

05-02-2005 90097 022 ****50.00 **DOCUMENT # L04000071058** BERROJO & RHOADS, LLC 20051979 Principal Place of Business Mailing Address 442 WEST KENNEDY BLVD. 442 WEST KENNEDY BLVD. SUITE 200 SUITE 200 TAMPA, FL 33606 TAMPA, FL 33606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 20-1686686 Not Applicable Country Zip Zip _ Country \$5.00 Additional 5.-Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAMS SHIFINO MANGIONE & STEADY P.A. Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER **SUITE 2600** TAMPA, FL 33602 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES MANAGING MEMBER Addition TITLE TITLE Defete Channe NAME NAME LOREN RHOADS STREET ADORESS 4937 SAN RAFAEL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 TITLE MEMBER Delete ☐ Change Addition JOSEPH BERROJO NAME MANE STREET ADDRESS STREET ADDRESS 6810 MITCHELL CIRCLE CITY-\$T-ZIP CITY-ST-ZIP 33434 -TITLE Defete TITLE: - Change --- - Addition -NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

-29-05

813-286-6500

FILED

May 02, 2005 8:00 am Secretary of State